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B.R.O Region 6

ETON RURAL DISTRICT COUNCIL

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# ANNUAL REPORT

of the

**Medical Officer of Health**

and the

**Chief Sanitary Inspector**

**FOR THE YEAR 1954**

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**ETON RURAL DISTRICT COUNCIL**

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# **ANNUAL REPORT**

**of the**

**Medical Officer of Health**

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**Chief Sanitary Inspector**

**FOR THE YEAR 1954**



## ETON RURAL DISTRICT COUNCIL

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### Public Health and Cleansing Committee, January to May, 1954

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*Chairman:*

E. R. NEVILLE

*Vice-Chairman:*

Miss M. N. GINN

Councillor T. BARTLETT

„ Dr. GLADYS H. BLISS  
„ J. R. V. DUTTON  
„ Mrs. HORNIBROOK, M.A.  
„ F. G. HUTT  
„ K. D. LEWIS (Chairman of the Council)  
„ H. W. ROWLAND  
„ Dr. L. SAWYER  
„ J. E. SACHS  
„ R. S. SIKES  
„ Major W. H. TINDALL, J.P.

## ETON RURAL DISTRICT COUNCIL

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### Public Health and Cleansing Committee, May to December, 1954

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*Chairman:*

E. R. NEVILLE

*Vice-Chairman:*

Miss M. N. GINN

Councillor T. BARTLETT

„ Dr. GLADYS H. BLISS  
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„ A. HEARN  
„ Mrs. HORNIBROOK, M.A.  
„ Mrs. G. A. JENNERY  
„ W. JONES  
„ H. W. ROWLAND  
„ Dr. SAWYER  
„ R. S. SIKES  
„ F. W. A. SMITH  
„ Major W. H. TINDALL, J.P.  
(Chairman of the Council)

# STAFF OF THE PUBLIC HEALTH DEPARTMENT, 1954

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## *Medical Officer of Health:*

G. M. HOBBIN, B.Com., M.B., Ch.B., D.P.H.

## *Chief Sanitary Inspector:*

A. W. G. CORNER (Cert. R.S.I), M.S.I.A.,  
Cert. Inspector of Meat and Other Foods

## *Deputy Chief Sanitary Inspector:*

A. H. V. MARSDEN, M.S.I.A.,  
Cert. Inspector of Meat and Other Foods

## *Additional Sanitary Inspectors:*

J. FORREST, M.R.San.I.,  
Cert. Inspector of Meat and Other Foods  
N. F. COLLIER, M.S.I.A.,  
Cert. Inspector of Meat and Other Foods

## *Rodent Officer:*

J. R. SNELL

## *General Assistants:*

H. W. FRY  
R. A. WARD

## *Secretary to the Medical Officer of Health:*

Miss E. M. SMITH

## *Shorthand-Typist:*

Mrs. C. E. PARSONS

## *Junior Clerk:*

Miss V. POYNTER (Resigned 29/1/54)  
Miss K. WRIGGLESWORTH (Appointed 8/2/54)

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# ETON RURAL DISTRICT

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## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH For the Year 1954

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*To the Chairman and Members of the Eton Rural District Council:*

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

It is my privilege to present the Annual Report on the state of health and sanitary circumstances of the district for the year 1954.

For the convenience of members and in order to facilitate comparison with previous years the same form of presentation has so far as possible been adhered to.

It is gratifying to record that there were no serious epidemics in the district and that the vital statistics show a satisfactory comparison with the national rates.

The absence of any alarming epidemic does not in any way appear to have brought about a reduction in the work of the department, as on the whole this has been a busy year and the Sanitary Inspectors have been able to keep the work up to date only by doing a considerable amount of overtime.

The work of the Public Health Department is not of course spectacular in its nature and the existence of the service is in fact barely remembered or observed by the community so long as the duties are properly carried out. Only when there is some breakdown in the service which may permit the spread of disease or the appearance of a nuisance which may endanger the health of the community or merely be annoying, is it likely that the Health Department will receive any publicity.

The Registrar General's estimation of the population of the district at mid-1954 is 45,240 compared with the mid-1953 figure of 44,170. This is an increase of 1,070. The natural increase in population, that is births minus deaths, is 327, which therefore means that the number of immigrants was 743. In terms of population the Eton Rural District is now the second largest Sanitary Authority in the County of Buckinghamshire, and of the eight rural districts in the County it has the highest density of population per square mile.

The new L.C.C. Estate at Farnham Royal at present being built will when completed produce a further considerable increase in the population of the Rural District. So far as can be estimated at present the anticipated increase may be in the region of seven or eight thousand.

It might also be mentioned here as a point of interest that the Eton Rural District has the second highest rateable value of all the Sanitary Authorities in this County.

There were fewer cases of Measles notified during 1954 than during any year since the disease first became notifiable, the total being the amazingly low figure of 29 compared with the figure of 670 during 1953 which on the other hand was the highest ever recorded in the district in one year.

Scarlet Fever likewise showed a considerable drop but the figure for 1953 was abnormally high and was not expected to be repeated. Looking at Table VII which shows at a glance the prevalence of notifiable diseases, perhaps the most striking feature apart from the abnormal crisis in Measles is the fact that Puerperal Pyrexia tops the list with the highest number of notifications and that all but one case arose in hospital or maternity homes. As it was found as the result of an analysis carried out in this district during 1953 that approximately 20% of all the births took place at the patient's home and approximately 80% in institutions, one might have anticipated more than one case of Puerperal Pyrexia arising in cases of domiciliary midwifery.

Seven of the eight cases of Dysentery were confined to the small community on the new Wexham Estate, and investigation left little doubt that the disease was imported by the new tenants who moved into the newly-completed houses from a camp site in a neighbouring Authority area. The eighth case arose in a caravan near the Wexham Estate and some association was probable although not established.

Only one case of Food Poisoning was notified compared with five during 1953.

Poliomyelitis was limited to 4 isolated cases, 3 of which were non-paralytic.

As regards Tuberculosis, a great deal has undoubtedly still to be learned about the ever-increasing list of new antibiotics and the extent of success which may be achieved by their use. Not only the methods of treatment but the whole conception of this disease has been changing and already some writers regard the Sanatorium on the mountainside as a historical landmark in the years of progress. Whilst the number of new cases notified each year is probably still quite liable to fluctuate to some degree it is at least encouraging to note than the total number of pulmonary and non-pulmonary cases notified during 1954 was 29 compared with 41 during 1953, and 36 during 1952. The number of deaths from Tuberculosis was only 2 and is the lowest figure recorded. The

death rate from this disease has shown a definite tendency to fall during the last 5 to 10 years and this can undoubtedly be attributed largely to the development of new drugs such as Streptomycin, Para-Animo-Salicylic Acid (P.A.S.) and Isoniazid.

It may be anticipated also that B.C.G. vaccination will in future play an important part in controlling the spread of infection by producing in the recipient an active immunity by the intra-dermal inoculation of a special culture of attenuated live bacilli. Further progress was made during the year by the County Council under the official scheme for the vaccination of selected groups of the population and with the approval of the Ministry of Education plans were completed for the extension of vaccination to school children during the year preceding their fourteenth birthday.

Reference has been made later in my report to the commoner milk infections and the procedure under the Milk and Dairies Regulations, 1949. This has again been dealt with rather fully as members of the Council have from time to time asked for information on this subject. It should not be assumed, however, that these are the only organisms which may pollute our milk supplies. Milk in general is a very suitable medium for the growth of bacteria and is very liable to become dangerously infected if proper precautions are not taken. In other parts of the country outbreaks of disease have been encountered in recent years due to infection of milk by *Salmonella-typhi-murium*, and *Staphylococci*. Compared with other parts of the country we are fortunate in this area in having a comparatively safe milk supply but we must remember that this would not be so but for the constant supervision of milk production, treatment and distribution.

The Chief Medical Officer of the Ministry of Health has stated that an increasing number of local authorities are showing an active interest in the prevention of accidents in the home, and that the Medical Officer of Health and his staff are particularly concerned. During the year 1953 it was reported that in England and Wales 5,895 persons died as the result of an accident in the home or a residential institution, and that four-fifths of these fatalities occurred in children under 5 years of age and in elderly people of 65 years and over. There is of course unfortunately no system of notification to the District Medical Officer of Health of injuries due to accidents in the home, although deaths from this cause could be extracted. If more statistical information could be made available to the local Public Health Department it might be found that at least some of the accidents could be related to structural housing defects and in so far as these can be remedied, at least some injuries might be prevented and some fatal accidents avoided.

Apart from accidents, the welfare of the aged and chronic sick in their homes and the social and environmental circumstances in which they are living is rightly the concern of the District Medical Officer of Health and a matter on which he is regularly

consulted. At the request of General Practitioners, the Police, Sanitary Inspectors, District Nurses and members of the public, cases have been visited and where necessary arrangements made either for institutional care or for relatives, friends or Home Helps to lend assistance at home and so economise in institutional beds. Any work carried out by the County Health Visitors in this connection should be in co-operation with the District Medical Officer of Health who is responsible locally for the sanitary circumstances, environmental health, housing defects, etc., and the operation of Section 47 of the National Assistance Act, 1948. The efforts of different workers in this field may be dissipated unless the administration provides for proper co-operation with the Medical Officer of Health of the Sanitary Authority.

Diphtheria Immunisation of the child population in the district is provided by the County Council at all Welfare Clinics and all the District Medical Officers of Health take part in this work. As the Ministry of Health pointed out that previous records and estimates of the level of immunity were unsatisfactory in that they had no regard to the interval since immunisation, amended records are now kept which take into account the proportion of children of each age who have received a course of immunisation as well as the age at which the course was received. Throughout the country generally the number of children under 12 months who have been immunised falls far below the target of 75% which it is calculated must be achieved in order to maintain a well immunised child population and a safe level.

The actual numbers of children immunised or reimmunised in this district during the year are shown in the pages of the report.

The vaccine in use is the Combined Diphtheria/Whooping Cough vaccine and consists of three injections at intervals of one month.

I should like to thank all members of the Council for their consideration and the Sanitary Inspectors and staff for their constant help and also the Clerk of the Council for his courtesy and helpful guidance on many occasions.

I am,

Your obedient servant,

G. M. HOBBIN,

*Medical Officer of Health.*

# SECTION 1

## GENERAL STATISTICS

Area (Land and Inland Water) ... ... ...	35,537 acres
Number of inhabited houses at end of 1954 (according to Rate Books) ... ... ... ... ...	12,024
Rateable value at 1.4.54 ... ... ... ... ...	£456,071
Product of Penny Rate 1953/54 ... ... ... ... ...	£1,783
Population. Registrar General's estimate for mid-year 1954 ... ... ... ... ...	45,240

## VITAL STATISTICS

Live Births		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	372	328	700
Illegitimate	...	13	19	32
Totals	...	385	347	732

Birth Rate per 1,000 population	...	...	...	16·18
National Rate	...	...	...	15·2
Comparability Factor	...	...	...	0·95

Still Births		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	3	8	11
Illegitimate	...	1	—	1
Totals	...	4	8	12

Still Birth Rate per 1,000 Total Births	...	...	...	16·13
Still Birth Rate per 1,000 Population	...	...	...	0·27
National Rate per 1,000 Population	...	...	...	24·00

Deaths		<i>Male</i>	<i>Female</i>	<i>Total</i>
Totals	...	212	193	405

  

Crude Death Rate per 1,000 population	...	...	...	8·95
Corrected Death Rate—allowing for sex and age (comparability factor=0·98)	...	...	...	8·77
National Death Rate	...	...	...	11·3
Ratio of Corrected Death Rate to National	...	...	...	0·78

### Infant Mortality (Deaths of Infants under 1 year of age)

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	12	7	19
Illegitimate	...	—	1	1
Totals	...	12	8	20

  

Death Rate for all Infants per 1,000 Live Births	...	...	27·38
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National Rate	...	...	...	...	...	...	25·5
Death Rate for Legitimate Infants per 1,000 Legitimate Births	...	...	...	...	...	...	27·14
Death Rate for Illegitimate Infants per 1,000 Illegitimate Births	...	...	...	...	...	...	31·25

### Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	9	5	14
Illegitimate	...	—	—	—
Totals	...	9	5	14

Death Rate for all Infants under 4 weeks per 1,000 Live Births     ...     ...     ...     ...     ...     ...     19·13

### Mortality of Children under 2 years from Enteritis and Diarrhoea

Total Deaths	...	...	...	...	...	...	Nil
Death Rate per 1,000 Live Births	...	...	...	...	...	...	Nil
National Rate	...	...	...	...	...	...	3·2

### Maternal Mortality (Deaths due to or associated with pregnancy and childbearing)

Total from all causes (excluding abortion)	...	...	...	Nil
Death Rate per 1,000 live births and still births	...	...	...	Nil

### Analysis of Maternal Mortality Rates per 1,000 Total Births and National Rates

	<i>Eton</i>	<i>England</i>
	<i>Rural</i>	<i>and</i>
	<i>District</i>	<i>Wales</i>
(a) Maternal causes, excluding abortion	...	Nil
(b) Due to abortion	...	Nil
(c) Total maternal mortality	...	0·58
	...	0·11
	...	0·69

# CAUSES OF DEATH in the Eton Rural District during 1954.

*Male Female Total*

	All Causes	...		405
1. Tuberculosis, Respiratory	...	...	1	1
2. Tuberculosis, other	...	...	—	1
3. Syphilitic disease	...	...	1	1
4. Diphtheria...	...	...	—	—
5. Whooping Cough...	...	...	—	—
6. Meningococcal Infections	...	...	1	1
7. Acute poliomyelitis	...	...	—	—
8. Measles	...	...	—	—
9. Other infective and parasitic diseases	...	—	—	—
10. Malignant neoplasm, stomach	...	6	4	10
11. Malignant neoplasm, bronchus	...	15	1	16
12. Malignant neoplasm, breast	...	—	6	6
13. Malignant neoplasm, uterus	...	—	3	3
14. Other malignant and lymphatic neoplasm	34	18	52	
15. Leukaemia, aleukaemia	...	1	4	5
16. Diabetes	...	—	1	1
17. Vascular lesions of the nervous system...	26	33	59	
18. Coronary disease, angina	...	37	27	64
19. Hypertension with heart disease	...	9	5	14
20. Other heart disease	...	16	35	51
21. Other circulatory disease	...	7	11	18
22. Influenza	...	1	—	1
23. Pneumonia	...	8	7	15
24. Bronchitis	...	9	4	13
25. Other diseases of the respiratory system	—	—	2	2
26. Ulcer of the stomach and duodenum	...	3	2	5
27. Gastritis, enteritis and diarrhoea	...	1	1	2
28. Nephritis and nephrosis	...	1	1	2
29. Hyperplasia of prostate	...	3	—	3
30. Pregnancy, childbirth abortion	...	—	—	—
31. Congenital malformations	...	1	1	2
32. Other defined and ill-defined diseases	...	22	15	37
33. Motor vehicle accidents	...	5	3	8
34. All other accidents	...	3	5	8
35. Suicide	...	1	3	4
36. Homicide and operations of war	...	—	—	—

TABLE I

## Deaths and Death Rates per 1,000 Population from Principal Causes, 1950-1954

Disease	1950			1951			1952			1953			1954			
	No. of Deaths	Death Rate														
T.B. Respiratory	...	...	6	0.14	6	0.14	9	0.20	5	0.11	1	0.02	—	—	—	—
Acute Poliomyelitis	...	...	1	0.02	—	—	1	0.01	1	0.02	—	—	—	—	—	—
Malignant Diseases of all types	...	...	84	2.02	80	1.86	92	2.00	87	1.78	90	1.99	—	—	—	—
Diseases of the Heart, all types	...	...	118	2.85	156	3.63	128	2.92	123	2.76	129	2.85	—	—	—	—
Pneumonia	...	...	15	0.36	18	0.42	10	0.23	20	0.44	15	0.33	—	—	—	—
Bronchitis	...	...	...	...	19	0.45	22	0.51	20	0.46	19	0.43	13	0.28	—	—
Suicide	...	...	...	...	5	0.12	4	0.09	5	0.11	3	0.07	4	0.09	—	—
Diabetes	...	...	...	...	5	0.12	—	—	2	0.04	—	—	1	0.02	—	—
Vascular Lesions of nervous system	39	0.94	68	1.58	80	1.82	41	0.93	59	1.30	—	—	—	—	—	—

TABLE III

**Causes of Death of all Infants under 1 year, and Analysis of Age at Death**  
 (From local returns before correction to place of residence.)

Cause	0-1 day	1-7 days	1-4 weeks	Total under 4 weeks	4 weeks- 3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Pneumonia	...	...	...	-	1	1	-	-	2
Congenital Malformation	...	...	4	2	1	7	-	-	7
Prematurity	...	...	9	1	-	10	-	-	10
Other Developmental Conditions	...	...	2	1	-	3	-	-	3
All other causes	...	...	2	1	1	4	1	-	5
Totals	...	17	5	3	25	1	1	-	27

TABLE II  
Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates from 1944 to 1954

Year	Birth Rates per 1,000 Population		Death Rates per 1,000 Population		Infant Mortality Rates (i.e. under 1 year of age) per 1,000 Live Births	
	Eton Rural District	England and Wales	Eton Rural District	England and Wales	Eton Rural District	England and Wales
1944	18.6 (734)	17.6	11.9 (447)	11.6	35.4 (26)	46.0
1945	17.2 (659)	16.1	10.8 (413)	11.4	24.3 (16)	46.0
1946	18.06 (705)	19.1	10.1 (393)	11.5	45.4 (32)	43.0
1947	19.4 (776)	20.5	10.4 (417)	12.0	33.5 (26)	41.0
1948	16.07 (681)	17.9	9.9 (421)	10.8	29.3 (20)	34.0
1949	16.64 (684)	16.7	10.2 (420)	11.7	10.2 (23)	11.7
1950	15.6 (649)	15.8	10.0 (415)	11.7	21.6 (14)	29.8
1951	14.74 (634)	15.5	10.77 (463)	12.5	28.39 (18)	29.6
1952	14.59 (640)	15.3	10.25 (450)	11.3	28.13 (18)	27.6
1953	15.80 (698)	15.5	9.40 (414)	11.4	33.00 (23)	26.8
1954	16.18 (732)	15.2	8.95 (405)	11.3	27.29 (20)	25.5

NOTE: The actual numbers are given in parenthesis for the purpose of clearer comparison.

SECTION II  
TUBERCULOSIS

TABLE IV

*New Cases and Hospital Admissions*

Age Periods	Pulmonary			Non-Pulmonary			Combined Totals	Number Admitted to Hospital	New Cases	Previously Notified
	Male	Female	Total	Male	Female	Total				
0-1	...	...	-	-	-	-	-	-	-	-
1-5	...	...	1	-	1	-	-	-	-	1
5-15	...	...	2	1	3	1	3	2	6	-
15-25	...	...	2	2	4	-	1	1	5	2
25-35	...	...	5	2	7	7	2	2	9	4
35-45	...	...	5	-	5	-	-	-	5	4
45-55	...	...	2	-	2	-	-	-	2	2
55-65	...	...	-	-	-	-	-	-	-	1
65 and over	...	1	-	1	-	-	-	-	1	-
Totals ...	18	5	23	1	5	6	29	20	15	-

TABLE V

## NOTIFICATION REGISTER

	Pulmonary			Non-Pulmonary			<i>Combined Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	
No. on Register on 1st January, 1954	... 275	... 224	499	67	52	119	618
No. entered by Notification	... 18	... 5	23	1	5	6	29
No. entered other than by Notification	... 17	... 12	29	1	1	2	31
Number removed from Register due to :—							
(a) Death	... ...	... ...	1	—	1	—	2
(b) Removal from District	... ...	... ...	12	3	15	1	16
(c) De-Notification	... ...	... ...	1	1	2	—	2
No. remaining on Register at 31st December, 1954...	296	237	533	68	57	125	658

TABLE VI  
MORTALITY

Comparison of Deaths from Tuberculosis during 1954 with Previous Years

Year	Population	Pulmonary		Non-Pulmonary		Combined Totals	Death Rate Per 1,000 Population
		Male	Female	Male	Female		
1944	39,400	7	9	1	1	18	0.45
1945	38,150	8	3	1	—	12	0.32
1946	39,020	3	5	—	1	9	0.23
1947	39,910	14	5	1	—	20	0.50
1948	42,370	9	3	—	—	12	0.28
1949	41,100	6	2	2	—	10	0.24
1950	41,400	5	1	—	—	6	0.14
1951	42,990	3	3	1	—	8	0.18
1952	43,870	5	4	1	—	10	0.23
1953	44,170	5	—	—	—	5	0.11
1954	45,240	1	—	—	1	2	0.44

Non-Pulmonary Tuberculosis

The sites of infection in new cases of Non-Pulmonary Tuberculosis notified were as follows :—

Site	Male	Female
Cervical Glands	...	...
Kidneys	...	...
Peritoneum	...	...
Salpinx	...	...
Spine	...	...

## SECTION III

### LABORATORY

The Public Health Laboratory Service is concerned with Bacteriology and Epidemiology in relation to the diagnosis, prevention and control of infectious diseases.

The Regional Public Health Laboratories are situated in Reading and in general undertake free of charge the bacteriological examination of all specimens relating to public health, including not only samples of a clinical nature but also water, ice cream, milk and food samples. Generally speaking the routine work of the Laboratory falls under two main headings.

(a) "Medical" Specimens, from General Practitioners, Infectious Diseases Hospitals and Local Authorities.

(b) "Sanitary" Specimens, from Local or Food Authorities.

Although the direct control of infectious disease is the function of the Medical Officer of Health, considerable assistance can be obtained from the laboratory by the investigations it undertakes, and the advice it can offer to the Public Health Department.

It is in addition a useful co-ordinating link between the General Practitioner and the local Medical Officer of Health and I have found it most desirable to maintain a personal relationship with the Director of the Laboratory.

The following specimens have been examined at the laboratories of the Public Health Service:—

Throat swabs for Diphtheria Bacilli, Haemolytic Streptococci and Vincent's Angina	...	...	...	...	...	6
Faeces for Coli-Typhoid organisms	...	...	...	...	...	43
Milk samples	...	...	...	...	...	109
Ice cream	...	...	...	...	...	43
Water Samples:						
(a) Drinking Water	...	...	...	...	...	132
(b) Swimming Pool Water	...	...	...	...	...	17

## SECTION IV

### MISCELLANEOUS

Staff Examinations (Superannuation, etc.)	...	...	...	...	34
Rehousing on Medical Grounds					
Number of cases investigated	...	...	...	...	28
National Assistance Acts, 1948 and 1951					
Section 50—Number of burials arranged	...	...	...	...	1
Section 47—Number of cases investigated as in need of care and attention	...	...	...	...	8
Number of cases removed to hospital or other institutions by Court Order	...	—			

## Milk and Dairies Regulations, 1949, Article 20

Number of investigations ...	...	...	...	...	...
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7

### Age Structure of the Population and the aged

We know that in this district during 1954 there were 732 births and 405 deaths and that our birth rate and death rate both compare favourably with the National rates.

We have other useful statistics but none which can enable me to say how many aged people (viz. of pensionable age) we have in this district or the circumstances in which they are living or whether they might benefit from some form of assistance.

A certain amount of information comes to light from various sources but far too often it is only when they have degenerated to the level of requiring immediate care and attention that their plight is brought to notice.

National statistics on this subject are, however, available, and earlier this year (1955) Lord Beveridge drew attention to a number of important facts. In the absence of any system of notification of aged persons we must continue to grope our way and we can only assume that in many respects the general features which apply nationally must to some extent exist locally. In any case, the problem of the aged is perhaps the main social problem facing us in this generation, and is the result of a dramatic decline in the birth rate in Britain 75 years ago which changed the age structure of our population. In 1901, for 22 million people of working age we had in this country 12 million children under 15 and  $2\frac{1}{4}$  million persons of a pensionable age. In 1951 for 22 million of working age we had less than 6 million children under 15 and  $6\frac{3}{4}$  million of pensionable age. It is estimated that in 1979 we shall have  $5\frac{1}{2}$  million children and  $9\frac{1}{2}$  million of pensionable age. For every person of pensionable age in 1901 we had 10 of working age to maintain him, but in 1951 we have only 3 working to one pensionable. Whatever the problem is to-day it is forecast that it will be 40 per cent. or 50 per cent. greater in future.

The essence of ageing is decline of faculties, which is unpredictable in date and severity but inevitable in the end. The principal agency for the care of the aged is and should always be the family but the change of age structure makes this task harder for the family than ever before. The needs of old people are variable factors. Some require permanent hospital care, and others occasional institutional treatment. There are many others, however, no doubt the large majority who enjoy normal health but have a growing need for special housing, some help in doing the ordinary tasks of daily life, some form of occupation and for company.

The Home Help organisation has been criticised by some who are very competent to judge as trifling in proportion to the need.

The whole problem is one which merits the concentrated action of all who are interested and of all who have a duty to concern themselves with social and environmental matters. This means co-operation between all types of Local Authorities as well as the hospitals, family doctors, National Assistance Board and voluntary organisations, in order to make certain that old people who live alone and fail gradually, are discovered before their failing becomes a tragedy.

### MILK AND DAIRY REGULATIONS, 1949

Article 20 of the above Regulations empowers a Medical Officer of Health if he has evidence that a person is suffering from a disease caused by the consumption of milk, or that milk intended for human consumption is infected with disease communicable to man, by notice to stop the sale of such milk or require it to be made safe by treatment before sale; and where the Medical Officer of Health has reasonable grounds for suspecting that a person is so suffering, or that milk is so infected to require that the milk shall be so treated before sale.

When such action is taken any person sustaining any damage or loss by reason of a notice served shall be entitled (subject to certain qualifications) to compensation from the local authority concerned, and the Ministry of Health will repay to the local authority three-quarters of any sums paid by way of compensation.

Among the commoner causes of infected milk are the organisms of Brucella Abortus and Tuberculosis. Supervision of dairies and the sampling of milk supplies at the source are carried out by the Food and Drugs Authority and the follow up and eradication of infections is carried out by the Ministry of Agriculture and Fisheries working in co-operation with the Inspectors of the County Health Department.

When any infection is found, the District Medical Officer of Health is informed in accordance with the regulations in order that he may have the opportunity of taking any additional action he considers necessary. In the case of Brucella Abortus infection no additional action is taken by the Food and Drugs Authority or the Ministry of Agriculture and Fisheries.

In the case of tuberculosis infections a very thorough investigation follows until the infected animal is traced and slaughtered. Final sampling is then carried out and the District Medical Officer of Health informed when the infection is cleared.

Milk which is infected or suspected to be infected with Brucella presents a difficult problem. A cow excreting milk infected by Brucella cannot be detected clinically, and further the period of excretion may be quite short, whereas the bacteriological test necessary to demonstrate the presence of the organism takes six weeks. There is no quick and reliable test for the presence of the organism. Thus it might quite well be that during the period required for the bacteriological examination, the cow may have ceased to excrete Brucella.

Vaccination of cattle (with strain 19 vaccine) is fairly widespread and this complicates any attempt made to estimate the prevalence of milk infection by the organism.

In human beings Brucellosis is not a notifiable disease, and realistic estimates of the prevalence of infection are difficult, but there is reason to believe that throughout the country there are at least 500 cases per annum.

Under the Food and Drugs (Milk and Dairies and Artificial Cream) Act, 1950, Section 23, the Minister is empowered to make Orders specifying areas within which all milk sold by retail must conform to the requirements of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and 1950, and the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950. This means that within such specified areas milk of a special designation only (that is Pasteurised, Sterilised, or Tuber-culin tested, milk) may be sold.

This district is now included in one of the areas in which such Orders have been made and as pasteurisation is an adequate safeguard against all the common milk infections including Brucellosis and Tuberculosis, the dangers to the community have been greatly reduced.

It is known, however, that milk producers frequently retain and use raw milk for their own household purposes and likewise supply their employees with untreated milk. There may well be some loopholes by which untreated milk is still consumed although not offered for sale, but on the whole I feel that the public in this district now have a good service and a square deal in so far as milk is concerned.

## ACCIDENTS IN THE HOME

It has been noted that in some parts of the country Medical Officers of Health have shown considerable interest in the subject of accidents in the home, and in spite of the absence of any local statistics relating to our area I feel that the subject is of sufficient importance to justify a few remarks in this report.

In the first place of course there are no records available anywhere in the country relating to the actual number of accidents in the home in any year, or even of the number of accidents treated in hospital but it is known that accidents are now the fifth cause of death, and in children between the ages of 1 and 5 years accidents in the home are the third cause of death.

In England and Wales the number of deaths from this cause is available and between 1940 and 1949 it was recorded that 60,000 people died from accidents in the home as compared with 48,000 in road accidents, and one is supposed to be much safer at home than on the public highway. What happens in the home is seldom a matter of public concern and even the most serious mishaps may be known to no one but the family themselves.

Again as a matter of comparison, the slightest road accident is drama. It receives every possible publicity (not by intention) both at the site and possibly also in the local or national press. Very accurate and detailed records are therefore available and this is quite likely associated with the financial aspects in the shape of possible claims and the insurance money involved.

We now have a good National Health Service and good hospitals and therefore many of those injured at home will survive, but how often do they survive in a condition which prevents them earning their living or playing their full part as citizens?

We find as we might expect that the age groups most susceptible to accidents in the home are young children and the aged. The actual causes are much too diverse to be enumerated here but anyone who thinks of the subject for even a few moments could name quite a list either from experience or imagination. It is interesting to note that the greatest number of fatal accidents are caused by people falling down in one way or another and that more falls occur "on the same level" than in going up or downstairs. Also that about twice as many women die from this cause than men.

Highly polished floors are a menace at all ages, while the fitted carpet is a good although expensive safety device, and for old people rubber floor covering in the kitchen and bathroom is ideal.

There is still room for a great deal of research in the production of a non-inflammable material which would be suitable all round for the manufacture of fabrics and which could be made to sell at a competitive price. Beautiful materials can of course be made from glass and these will not catch fire but they have certain disadvantages which limit their usefulness.

Faulty gas taps, electric wiring and apparatus are causes of almost daily occurrence. The advantages of the Heating Appliances (Fireguards) Act, 1952, will not be observed for some considerable time to come as it is only on new apparatus that these guards have to be fixed. Also, the Act relates only to gas and electric fires and there is no compulsion to place guards on coal fires.

Structural housing defects could be responsible for many accidents particularly in the aged but also in children. Most houses have a hazard which may be well enough known to the family, but too often no effort is made to rectify it unless the danger is pointed out and "hammered home" by someone else. If some system of notification (either statutory or voluntary), to the Medical Officer of Health of the Sanitary Authority of aged persons could be instituted, it might be possible for the Sanitary Inspectors to accord priority in the inspection of their homes and give advice or take appropriate action which would lessen the possibility of accidents and fatal injuries.

The prevention of an accident at home may be very simple if only attention were directed to it in time, *e.g.* it may require only the wearing of correct spectacles, or of a hearing aid, using a walking stick or wearing correct shoes. In the cases of old people who seldom go out of doors the soles of the shoes become highly polished and should be roughened from time to time.

I should just like to mention one other type of accident in the home, viz., the accidental smothering in bed or cot of infants.

Statistics show that this is more likely to happen to a boy than to a girl, but no satisfactory explanation of this has been advanced.

It is very encouraging to note here that a member of the staff of the Public Health Department of this Council has invented (and hopes to patent) a piece of apparatus which he believes will completely eliminate this type of accident.

## SECTION V

TABLE VII

### Prevalence of Notifiable Diseases

Showing cases notified during 1954, numbers admitted to hospitals and deaths. Also notifications for years 1944-1953.

Disease	Cases Notified 1954	Cases Admitted to Hospital 1954	Deaths 1954	1953						1949						1945						
				1952	1951	1950	1949	1948	1947	1952	1951	1950	1949	1948	1947	1946	1945	1944	1952	1951	1950	
Smallpox	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	103	4	-	
Scarlet Fever	...	...	...	39	6	153	78	11	39	54	33	1	-	-	-	59	4	-	-	-	-	-
Diphtheria	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever	...	...	...	-	-	41	15	51	62	35	-	-	-	-	-	-	-	-	15	23	-	-
Puerperal Pyrexia	...	...	...	42	10	-	-	16	24	-	2	4	2	4	2	2	25	10	-	-	-	-
Pneumonia	...	...	...	33	-	-	-	4	-	10	7	19	8	-	-	-	-	-	-	-	-	-
Erysipelas	...	...	...	4	-	-	-	1	-	-	74	6	225	450	297	377	426	-	-	-	-	-
Ophthalmia Neonatorum	...	...	...	-	-	-	-	1	670	411	663	155	157	69	77	36	70	-	-	-	-	-
Measles	...	...	...	-	-	-	-	1	72	22	109	58	6	-	-	-	-	-	-	-	-	-
Whooping Cough	...	...	...	29	32	1	1	1	1	1	2	2	2	2	2	2	2	2	-	-	-	-
Meningococcal Infection	...	...	...	1	1	1	1	1	1	10	4	2	3	6	8	8	8	8	-	-	-	-
Poliomyelitis—																						
(a) Paralytic	...	...	...	1	1	-	-	7	2	-	-	1	-	-	-	-	-	-	-	-	-	-
(b) Non-Paralytic	...	...	...	3	-	-	-	-	-	-	-	1	-	17	1	2	-	-	-	-	-	-
Acute Encephalitis—																						
(a) Infective	...	...	...	-	-	-	-	-	-	-	-	1	-	33	-	-	-	-	-	-	-	-
(b) Post Infectious	...	...	...	-	8	1	5	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	42	6	-	-
Malaria (contracted abroad)	...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	39	3	-	-
Tuberculosis—																						
Pulmonary	...	...	...	23	16	5	4	1	36	32	30	24	3	-	-	-	-	-	20	12	-	-
Non-Pulmonary	...	...	...	6	4	1	1	1	5	10	3	-	-	-	-	-	-	-	13	12	-	-
Paratyphoid Fever	...	...	...	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25	8	-	-

TABLE VIII

## Analysis of Notifiable Diseases in Age Groups

Disease	Ages in Years of Cases Notified								Age unknown				
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-25	25-35	35-45	45-65	Over 65	
Scarlet Fever ...	1	1	—	6	2	23	6	—	—	—	—	—	—
Whooping Cough ...	3	4	—	9	—	15	—	—	1	—	—	—	—
Measles ...	...	...	4	6	6	3	10	—	—	—	—	—	—
Pneumonia ...	...	...	—	—	—	4	6	4	2	2	12	1	—
25 Poliomyelitis—	—	—	—	—	—	—	—	1	—	—	—	—	—
Paralytic ...	...	...	—	—	—	—	—	3	—	—	—	—	—
Non-Paralytic ...	...	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	18	21	3	—	2
Erysipelas ...	...	—	—	—	—	—	—	—	1	—	—	—	1
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	...	—	—	—	—	—	—	—	—	—	1	—	—
Dysentery ...	...	—	—	—	—	—	—	—	—	—	5	—	3

TABLE IX

## Showing Monthly Incidence of Notifiable Diseases

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Scarlet Fever...	2	4	7	5	6	7	1	1	—	1	3	2
Whooping Cough ...	4	3	4	4	5	4	1	2	—	—	2	1
Measles ...	1	—	—	—	—	4	3	1	4	5	5	6
Pneumonia ...	1	3	7	5	1	—	1	1	1	3	4	6
Poliomyelitis— (a) Paralytic	—	—	—	1	—	—	—	—	—	—	—	—
(b) Non-Paralytic ...	—	—	—	1	—	—	1	—	—	1	—	—
Puerperal Pyrexia ...	4	3	1	1	3	4	4	4	7	3	6	2
Erysipelas ...	1	—	—	1	—	—	—	—	—	1	—	1
Meningococcal Infection ...	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	2	4

TABLE X

Showing Cases of Notifiable Diseases occurring in each Parish in the Area

Disease	Burnham	Datchet	Denham	Dorney	Farnham	Fulmer	Gerrards Cross	Hedgerley	Iver	Horton	Taplow	Wexham	Wraysbury
Scarlet Fever ...	4	3	-	3	1	-	-	-	2	20	1	3	-
Whooping Cough	3	1	1	4	-	-	6	-	2	11	1	2	1
Measles ... ...	7	-	-	-	-	5	-	-	-	11	4	2	-
Pneumonia ...	2	1	-	-	1	-	-	-	-	24	2	3	-
Poliomyelitis—													
(a) Paralytic ...	-	-	-	-	-	-	-	-	-	1	-	1	-
(b) Non-Paralytic	-	-	-	-	-	-	-	-	-	-	-	35	-
Puerperal Pyrexia	-	-	-	-	-	-	7	-	-	-	1	-	-
Erysipelas ...	2	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning...	1	-	-	-	-	-	-	-	-	-	-	1	8
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-

**TABLE XI**  
**Immunisation and Re-immunisations**

Type	Primary Immunisation			Total	Re- Immuni- sation		
	Age at Date of Final Injection						
	Under 1 year	1-4 years	5-14 years				
Diphtheria only ... ...	20	25	55	100	849		
Diphtheria/Whooping Cough combined ... ...	345	256	8	609	-		
Whooping Cough only ...	1	3	-	4	-		

The above table shows the number of primary immunisations and reimmunisations in three age groups against Diphtheria alone, Whooping Cough alone and Diphtheria and Whooping Cough combined which have been carried out in this district during the year 1954. Under five years of age the combined protection is by far the most popular, and although one still meets parents who cannot be convinced of its value, the community in general are much more enlightened on the subject than they were several years ago.

Although we have been free from this disease in our district for a number of years, other parts of the country have not been so fortunate and the potential danger of a more widespread flare up cannot be ignored. The Chief Medical Officer to the Ministry of Health has pointed out that only if an adequate level of immunisation is maintained throughout the country can we finally be rid of diphtheria altogether.

The object which we must ever have in mind is to secure immunisation of not less than 75% of babies before their first birthday. The national figure in 1951 was 28% and in 1953 it was 30.4%. During the first half in 1954 it rose to 35.75% but still this figure is regrettably low and is cause for serious concern.

As the estimate of child population supplied by the Registrar General each year is no longer broken down to County Districts it is impossible to calculate what percentage of the child population of the Eton Rural District is immunised.

Figures for the County as a whole are available and it is estimated that the percentage of children who have been immunised during the past 5 years is 50% and the percentage who have been immunised at any time is 75%.

## VACCINATION

Vaccination against smallpox is undertaken by medical practitioners in the area and it is left to the parents to make their own arrangements with the family doctor.

It is unlikely that it will be considered necessary for this to be offered as a service at Child Welfare Centres except perhaps in the event of an epidemic of smallpox.

No information is available as to what percentage of the population is vaccinated against smallpox as statistics relate only to the number of persons vaccinated and revaccinated during the year.

In this district there were 392 persons vaccinated and 117 revaccinated during 1954.

In England and Wales during 1953 there were 231,200 primary vaccinations done under the age of one year and when this is related to the 679,757 births during the twelve months period ending 30th June, 1953, this presents an infant vaccination "acceptance rate" of 34 per cent.

An outbreak of smallpox will always cause a sudden rise in vaccination locally and it is reasonable to suppose that this would to some extent affect the national figure, but from a study of this subject and the statistics available there appears to be a tendency for the "acceptance rate" to rise slowly irrespective of the occurrences of smallpox.

Apart from infants and the occurrence of smallpox, the demand for vaccination is quite likely associated with the International Sanitary Regulations and the necessity for travellers to certain countries to hold a valid certificate of vaccination against smallpox.

Some Health Authorities abroad require every person entering their country to hold such a certificate, while others (*e.g.* Australia) require this only from persons travelling by air.

Similar International Certificates are required in respect of other diseases, and no matter whether the vaccination or inoculation is carried out by the traveller's family doctor or at a hospital or other special centre for the purpose, the certificate has to be authenticated by the Medical Officer of Health of the Sanitary Authority in which it was performed, or by some other medical officer who has been specially authorised to do so.

A large number of these International Certificates of vaccination and inoculation are dealt with by me on behalf of this Authority every year.

## SECTION VI WATER

The arrangements for the supply of piped water generally remained unchanged. Details given by Water Undertakings (given later) show that 6,301 yards (1953 2,526 yards) of water main were laid but did not affect the lack of such services in the Wraysbury area.

However, in October, and following reports of illhealth, bacteriological samples were taken from certain premises at Hythe End, Wraysbury, but these did not give any indication of bacterial pollution. On taking further samples for chemical examination the reports showed evidence of contamination by an organic chemical of the disinfectant type which might be of trade effluent origin. Other and similar samples in the area showed objectionable amounts of iron. A recommendation to the Council on the need for extension of main water supplies to Wraysbury and the Hythe End area in particular being accepted, steps were being taken with the ready assistance of the Water Undertaking to prepare, in advance of the general scheme, for an extension to cover the properties most adversely affected.

Details given by the several Undertakings were as follows:—

### Borough of Slough

Mains laid—Stoke Poges: 59 yds. of 3-in. main.

“The supply has been sufficient in quantity, and weekly bacteriological examinations confirm the high quality of the water and that it is suitable for domestic use. Chlorination is the only form of treatment required.” (These remarks are identical with those given for the past two years).

### Rickmansworth and Uxbridge Valley Water Co.

Mains laid—

Denham (Denham Green Estate) ...	...	140 yds. of 3-in.
Denham (Denham Green Estate) ...	...	870 yds. of 4-in.
Denham (Denham Green Estate) ...	...	329 yds. of 6-in.
Denham (Middle Road) ...	...	17 yds. of 4-in.
Gerrards Cross (The Uplands) ...	...	28 yds. of 2-in.
Gerrards Cross (The Uplands) ...	...	72 yds. of 3-in.
Gerrards Cross (The Uplands) ...	...	291 yds. of 4-in.
Horton (Datchet Road) ...	...	28 yds. of 4-in.

“The total number of domestic supplies afforded throughout the area at the end of the year was 5,962.” (1953—5,871.)

“The water supply is analysed frequently and the results obtained invariably show it to be perfectly pure and in every way suitable for public supply. All water supplied is sterilised by treatment with chlorine and on leaving the pumping station contains approximately 0·20 to 0·25 p.p.m. residual chlorine.” (Remarks in last paragraph identical with last year.)

## Burnham, Dorney and Hitcham Waterworks Co. Ltd.

Mains laid—

Burnham (Linkswood Road) ...	... 416 yds. of 3-in.
Burnham (North Burnham, Stage 2) ...	1,468 yds. of 3-in.
Burnham (Dawes East Road) ...	150 yds. of 3-in.
Burnham (Crown Lane) ...	122 yds. of 4-in.
Farnham Royal (Mount Farm Estate) ...	2,070 yds. of 3-in.
Farnham Royal (L.C.C. Estate) ...	170 yds. of 4-in.
Farnham Royal (L.C.C. Estate) ...	45 yds. of 6-in.
Farnham Royal (L.C.C. Estate) ...	26 yds. of 9-in.
Taplow—Burnham Trunk main ...	1,000 yds. of 15-in.

An adequate supply of water was maintained throughout the year.

The following laboratory report relates to a sample taken from the Taplow Well of the Burnham, Dorney and Hitcham Waterworks Co.:—

### ANALYSIS of a Sample of Water received 19/1/55.

BURNHAM, DORNEY AND HITCHAM WATERWORKS COMPANY.

Sample tap. Taplow Pumping Station. Raw. 19/1/55. 11/35 a.m.

### CHEMICAL RESULTS IN PARTS PER MILLION.

Appearance: Clear and bright.	Turbidity: Nil
Colour: Nil	Odour: Nil
pH.: 7.3	Free Carbon Dioxide: 17
Electric Conductivity: 560	Total Solids: 375
Chlorine present as Chloride: 26	Alkalinity as Calcium Carbonate: 240
Hardness: Total 305; Carbonate 240; Non-carbonate 65	
Nitrate Nitrogen: 4.2	Nitrite Nitrogen: Absent
Ammoniacal Nitrogen: 0.000	Oxygen Absorbed: 0.10
Albuminoid Nitrogen: 0.000	Residual Chlorine: —
Metals: Iron less than 0.03, other metals absent.	

	1 day at 37°C.	2 days at 37°C.	3 days at 20°C.
Number of Colonies developing on Agar ... ... ...	0 per ml.	0 per ml.	0 per ml.
	Present in	Absent from	Probable number
Presumptive Coli-aerogenes Reaction ... ... ...	— ml.	100 ml.	0 per 100 mil
Bact. coli (Type I) ... ... ...	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction ... ... ...	— ml.	100 ml.	

This sample is clear and bright in appearance, neutral in reaction and free from metals apart from a negligible trace of iron. The water is very hard in character though not excessively so, contains no excess of salinity or mineral constituents in solution and it is of the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

(Signed) G.M.

27th January, 1955.

SAMPLES COLLECTED FROM SWIMMING POOLS AND BATHING PLACES

(1) Name of Swimming Pool or Bathing Place	(2) Controlled by	(3) Bacteriological Samples		(4) Chemical Samples		(5) Remarks
		Date	Result	Date	Result	
Farnham Park Recuperative Home (Inlet) ...	Privately owned	1/ 2/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Inlet) ...	Privately owned	1/ 3/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Inlet) ...	Privately owned	3/ 5/54	<sup>†</sup>	—	—	—
Farnham Park Recuperative Home (Inlet) ...	Privately owned	27/ 5/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Inlet) ...	Privately owned	27/ 5/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	27/ 5/54	Satisfactory	—	—	—
Burnham Beeches (Outlet) ...	Privately owned	27/ 5/54	Satisfactory	—	—	—
Burnham Beeches (Inlet) ...	Privately owned	14/ 7/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	21/ 7/54	Satisfactory	—	—	—
Burnham Beeches (Outlet) ...	Privately owned	21/ 7/54	Satisfactory	—	—	—
Burnham Beeches (Inlet) ...	Privately owned	5/ 8/54	Satisfactory	—	—	—
Burnham Beeches (Children's Pool) ...	Privately owned	5/ 8/54	Satisfactory	—	—	—
Burnham Beeches (Inlet) ...	Privately owned	5/ 8/54	Satisfactory	—	—	—
Burnham Beeches (Outlet) ...	Privately owned	5/ 8/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	17/ 8/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	6/ 9/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	23/11/54	Satisfactory	—	—	—
Farnham Park Recuperative Home (Outlet)...	Privately owned	29/12/54	Satisfactory	—	—	—

<sup>†</sup>No result could be given as media proved unsuitable at Laboratory.

SAMPLES TAKEN OTHER THAN MAINS

Type of Sample Taken	Unsatisfactory	Satisfactory	Doubtful	Total
Bacteriological	...    ...    ...	43	4	93
Chemical	...    ...    ...	4	7	15

**SAMPLES COLLECTED FROM WATER UNDERTAKINGS**

(1) Parish	(2) Water Undertaking	(3) Bacteriological Samples		(4) Chemical Samples		(5) Remarks
		Date	Result	Date	Result	
BURNHAM	Burnham, Dorney & Hitcham Water Co.	1/2/54	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department	1/2/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	8/2/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	10/2/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	10/2/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	10/2/54	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department	10/2/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	28/4/54	Satisfactory	—	—	*
FARNHAM ROYAL	Burnham, Dorney & Hitcham Water Co.	28/4/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	28/4/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	28/4/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	2/6/54	Satisfactory	—	—	*
FARNHAM ROYAL	Burnham, Dorney & Hitcham Water Co.	14/7/54	Satisfactory	—	—	*
IVER	Rickmansworth & Uxbridge Valley Water Co.	14/7/54	Satisfactory	—	—	*
IVER	Slough Borough Water Department	14/7/54	Satisfactory	—	—	*
BURNHAM	Burnham, Dorney & Hitcham Water Co.	6/9/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	13/9/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	13/9/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	15/9/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	15/9/54	Satisfactory	—	—	*
DATCHET	Rickmansworth & Uxbridge Valley Water Co.	23/9/54	Satisfactory	—	—	*
HEDGERLEY	Rickmansworth & Uxbridge Valley Water Co.	29/12/54	Unsatisfactory	—	—	*
FARNHAM ROYAL	Rickmansworth & Uxbridge Valley Water Co.	29/12/54	Satisfactory	—	—	*
DATCHET	Slough Borough Water Department	30/12/54	Satisfactory	—	—	*
WRAYS BURY	Rickmansworth & Uxbridge Valley Water Co.	30/12/54	Satisfactory	—	—	*
WRAYS BURY	South West Suburban Water Co.	30/12/54	Satisfactory	—	—	*

\*Total Mains Samples Collected, 29.

† Alternative satisfactory supply provided.

## **Fluoridation of Water Supplies**

Fluoridation of water, which means the addition of small quantities of fluoride to the supplies is a subject which has been very much discussed by various bodies in recent years as a means of reducing the incidence of dental caries.

The practice was first commenced in the United States of America in 1945 following a considerable amount of research, and the results have stimulated interest in other countries including our own. A Government mission was sent to the United States of America to study the problem and have advised that the method should be given a trial in this country in a small number of selected areas. It was stated that there was no scientific evidence of danger to health from the addition of fluorides to the level generally accepted in the United States of America and there was nothing to suggest that the fluorides which are added differ from those contained naturally in water. The evidence is conclusive that added fluoride is as effective as naturally occurring fluoride in the prevention of dental caries.

In England and Wales three widely separated high fluorine areas and three comparatively low fluorine areas were selected in order to study the extent of dental caries which existed in these communities and in order to implement the recommendations of the mission it was decided to introduce fluoridation in certain selected districts under conditions of control laid down and observed by a small steering Committee.

A good deal of literature has been published on the subject in the United States of America in which it is stated that decay was found to be 60% less with levels of fluoride between 1·0 and 1·5 parts per million and at this level no unsightly mottling of teeth has been noted. The reduction in dental decay is believed to be due to hardening of dental enamel.

Should the experiments in this country in fluoridation of water prove successful and the practice become generally adopted one can foresee that ultimately there will be a vast change in the amount of dental treatment required and quite likely also in the type of treatment to be provided.

No estimations of the fluoride content of water supplies in this district have been carried out by the Public Health Department but it is understood that this has been done by the Ministry in respect of certain water supplies in South Bucks which supply some parts of the district and that the fluoride content is relatively high.

## **SECTION VII GENERAL SANITATION**

As I have reported in previous years, all the main problems in connection with the state of general sanitation in this district are those associated with the urgent need for the provision of main drainage.

Although the installation of main drainage in the Denham area has progressed, the pumping system had to be completed before any connection could be made and there was consequently no relief of cesspool emptying.

Fewer and fewer suitable sites are available for the disposal of cesspool contents and the problem becomes progressively more difficult. Of the eight Rural Districts in Bucks this district has the highest density of population per square mile and it is the second largest Sanitary Authority, and also there are many concentrations of population which are more urban than rural. These features together with the fact that we in this district probably have more and larger gravel diggings in proportion to our area than any other district, make this problem of the disposal of cesspool contents all the more formidable and all the more dangerous and undesirable from the public health point of view. Cesspool material is offensive and no treatment will modify it. A very limited amount which is only a small proportion of the total can be disposed of into sewers, and there are few sites left on which such material in such quantity can be disposed of with the approval of the Public Health Department.

The Public Cleansing Officer has reported that the year in question not only saw no reduction in this work but a total of 211 additional premises required attention.

In addition to the panorama of cesspools we have 504 pail closets being emptied every week.

Further development in the district is likely to be hampered in the absence of adequate main drainage but having regard to the density of the population and nature of the district it is urgently required now.

(a) Sewer Scheme Progress during the year:—

1. Denham—Stage 1: 1,173 yards.  
Stage 2: 4,690 yards.
2. Gerrards Cross—Camp Road Extension: 127 yards.

(b) Other proposed major schemes or extensions under consideration:—

1. *Stoke and Wexham Parishes.* Technical details and estimates completed; proposals approved by Council; and lodged with the Ministry for loan sanction. The Scheme includes 21,240 yards approximately of pipes and three ejector stations.
2. *Dropmore Road, Burnham,* 470 yards' extension to serve existing properties and a private building estate in Linkswood Road. Proposals lodged with Ministry for loan sanction.

(c) Premises connected from conservancy to main drainage: 1.

## SECTION VIII

### LEGISLATION AND DIRECTIVES

The following are the most important Official Publications received during the year which are related to the Work of the Health Department:—

1. Ministry of Food Circular MF.1/54: Milk and Dairies Regulations 1949 and 1953. Approved Oxidising and Preservative Agents.
2. Ministry of Food Circular MF.4/54: Slaughtering Facilities.
3. Ministry of Health Circular 5/54: Diphtheria Prophylaxis Campaign.
4. Ministry of Food Circular 5/54: Licensing and Provision of Slaughterhouses.
5. Ministry of Health Memorandum H.M.(54)34: Nursing of Infectious Diseases.
6. Ministry of Health Circular 8/54: Prevention of Tuberculosis.
7. Ministry of Food Circular MF.8/54: Slaughter of Animals (Pigs) Act, 1953.
8. Ministry of Health Circular 14/54: Visiting Forces Act, 1952. Public Health (Aircraft) Amendment Regulations, 1954.
9. Medical Research Council: Poliomyelitis Research Reports.
10. Ministry of Health Circular 18/54: Poliomyelitis Medical Memorandum.
11. Ministry of Food Circular 12/54: The Slaughterhouses Act, 1954.
12. Ministry of Food Circular 10/54: Public Health (Meat) Regulations, 1924-1952: Slaughtering and Meat Inspection.
13. Ministry of Food Circular 17/54: Milk and Dairies (Amendment) Regulations, 1954.
14. Ministry of Food Circular 18/54: The Slaughter of Animals (Prevention of Cruelty) Regulations, 1954.
15. Ministry of Food Circular 19/54: The Milk (Special Designation) (Raw Milk) (Amendment) Regulations, 1954.
16. Ministry of Health Circular 28/54: Annual Reports of Medical Officers of Health.
17. Ministry of Food Circular 23/54: Milk and Dairies Regulations, 1949-1954. Approved Oxidising and Preservative Agents.
18. Ministry of Health Circular 29/54: The Puerperal Pyrexia (Amendment) Regulations, 1954.

## SECTION IX

### CLINICS AND TREATMENT CENTRES

#### Maternity and Child Welfare Clinics

<i>Centre</i>	<i>Location</i>	<i>Session</i>	<i>Session with Medical Officer</i>
Burnham	Village Hall, Gore Road	1st & 3rd Tuesday	1st Tuesday
Datchet	Working Men's Club	2nd & 4th Wednesday	2nd & 4th Wednesday
Denham	Health Centre, Oxford Road	Weekly Wednesday 2-4 p.m.	1st, 2nd and 4th Wednesday
Dorney	Village Hall, Dorney	1st Tuesday	1st Tuesday
Gerrards Cross	British Legion Hall	1st & 3rd Friday	3rd Friday
Hedgerley	Memorial Hall	1st & 3rd Wednesday	3rd Wednesday
Horton	Champney Hall	1st & 3rd Wednesday	1st Wednesday
Iver	Village Hall	1st & 3rd Wednesday	3rd Wednesday
Iver Heath	Village Hall	2nd & 4th Wednesday	4th Wednesday
Richings Park	Church Room	2nd & 4th Monday	2nd Monday
Stoke Poges	Village Hall	2nd & 4th Tuesday	4th Tuesday
Wraysbury	Scout Hut	2nd Thursday	2nd Thursday

### CLINICS

#### Tuberculosis

The Chest Clinic is at Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Chest Physician in Charge.

#### Venereal Diseases

King Edward VII Hospital, Windsor.  
 Hillingdon Hospital, Hillingdon.  
 Royal Berkshire Hospital, Reading.

#### Married Women's Advisory Clinics

*Slough:* Social Centre, Farnham Road: Wednesdays, 2-4 p.m.  
 Health Centre, Burlington Road: Fridays, 2.30 p.m.-4 p.m.

*High Wycombe:* Health Centre, The Rye: Weekly, Tuesdays, 2 p.m.

## ANTE- AND POST-NATAL CARE

Facilities are provided by the Regional Hospital Board and Clinics conducted at all the main General Hospitals and Maternity Homes in the surrounding districts as follows:—

King Edward VII Hospital, Windsor	Ante-Natal	Monday mornings
King Edward VII Hospital (Old Windsor) (Clinics held at Kipling Memorial Building, Alma Road, Windsor)	Ante- and Post- Natal	Friday mornings, Tuesday afternoons
Canadian Red Cross Memorial Hospital, Taplow	Ante-Natal	2nd and 4th Thursday mornings each month
Colinswood Maternity Home, Farnham Common	Ante- and Post- Natal	Every 3rd Monday morn- ing (monthly), and every Wednesday morning
Upton Hospital, Slough      ...	Ante- and Post- Natal	Monday morning and Thursday afternoon (Ante-Natal) Monday afternoon and Friday morning (Post- Natal)

## REGISTERED NURSING HOMES

There are a number of registered Nursing Homes in the Eton Rural District. Location and further particulars may be obtained from the Medical Officer of Health.

## HOSPITALS

The area is served by the following hospitals:—

### *General Hospitals:*

- The Canadian Red Cross Memorial Hospital, Taplow,  
Nr. Maidenhead, Berks.
- King Edward VII Hospital, Windsor, Berks.
- Old Windsor Hospital, Old Windsor, Berks.
- Upton Hospital, Slough, Bucks.
- Iver, Denham and Langley Cottage Hospital, Iver,  
Bucks.
- Maidenhead General Hospital, Maidenhead, Berks.

### *Infectious Diseases Hospitals:*

- Maidenhead Isolation Hospital, Maidenhead, Bucks.
- St. John's Hospital, Uxbridge, Middlesex.

### *Chronic Sick:*

- St. Mark's Hospital, Maidenhead, Berks.
- Old Windsor Hospital, Old Windsor, Berks.

### *Part III Accommodation:*

- St. Mark's Hospital, Maidenhead, Berks.
- Old Windsor Hospital, Old Windsor, Berks.
- Upton Hospital, Slough, Bucks.

*Maternity Accommodation:*

- Upton Hospital, Slough, Bucks.
- The Canadian Red Cross Memorial Hospital, Taplow,  
Nr. Maidenhead.
- Old Windsor Hospital, Old Windsor, Berks.
- Colinswood Maternity Home, Farnham Common,  
Bucks.
- Princess Christian Maternity Home, Windsor, Berks.

# ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR For the Year 1954

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*To the Chairman and Members of the Eton Rural District Council.*

LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the work of your Sanitary Inspectors.

Apart from making the usual reference to the urgent need for main drainage which year by year becomes more obvious, the only other matter to which attention should be drawn relates to the revival of the use of private slaughterhouses. I have referred to this at some length in the appropriate section of the Report.

I make the usual but none the less sincere expression of my appreciation to you, Mr. Chairman, Members of the Council, the Clerk, Dr. Hobbin and every member of the Staff of the Council, and the Area Planning Officer and his Staff, for the friendly consideration and co-operation given to me at all times during 1954.

I am, Ladies and Gentlemen,

Your obedient servant,

A. W. G. CORNER,

*Chief Sanitary Inspector.*

## INSPECTION AND SUPERVISION OF FOOD Milk

No change of any significance noted from previous year.

A number of visits were made to farms in cases where Tuberculosis and/or Brucella Abortus had been reported. No specific action was called for.

109 samples of milk were taken from dairy premises and in course of delivery and submitted to the Public Health Laboratory, Reading, with the following results:—

### Milk Samples

Designation	Number taken	Satisfactory	Unsatisfactory	Test Incomplete
Pasteurised ...	... 54	40	—	14
Pasteurised T.T. ...	... 40	28	2	10
Raw Tuberculin Tested ...	... 7	6	1	—
Sterilised ...	... 8	8	—	—

In addition eight samples of milk were sent for examination for presence of Brucella Abortus and all were found to be negative.

## Milk Special Designation Orders

Licences for designated milk were granted as follows:—

### *Dealers' Licences*

Pasteurised	...	...	...	10
T.T.	...	...	...	11
Sterilised	...	...	...	15

### *Dealers' Supplementary Licences*

Pasteurised	...	...	...	14
T.T.	...	...	...	14
Sterilised	...	...	...	5

## Ice Cream

The number of premises registered under the Food and Drugs Act, 1938, are: for sale and manufacture, 8; for sale only 94. A number of the first-mentioned are not now in active use.

43 samples of ice cream were sent to the Public Health Laboratory, Reading, as compared with 60 last year. Results of examination and classification:—

Grade I	...	34	Grade 3	...	—
Grade 2	...	8	Grade 4	...	1
	—	—		—	—
	42	—		1	—
	—	—		—	—

The gradings represent an improvement over last year.

In addition two ice lollies samples were sent and these were found to be satisfactory.

## Meat and Other Foods

### (a) Meat

#### *Slaughterhouses, slaughtering facilities, etc.*

At the beginning of the year there were indications of possible changes in the arrangements for the supply of home killed meat and which had persisted since 1939. At a later date the Government's decision to decontrol meat and livestock early in July and to place the responsibility on Local Authorities to ensure sufficient slaughtering facilities for their districts from that time until the policy of moderate concentration could be given effect gave rise for concern. A review of pre-war facilities when some twelve slaughterhouses (registered or licensed) were in use showed that several were in bad condition and/or in effect non-existent.

The occupiers of all these premises as well as the occupiers of the 31 butchers' shops in the district were circularised in an endeavour to find out what arrangements were being made by the individual trader for supplies of home killed meat and any possible need of slaughtering facilities. The result of this general enquiry was roughly negative and the same remarks could apply to attendance at a local meeting of butchers.

Consideration was given to the availability of slaughtering facilities outside the Council's area, and discussions took place

both at Reading and Slough with the Local Authorities concerned. At the time it appeared that Reading would be able to afford assistance to outside areas but nothing further could be done until the extent of need could be more accurately assessed. In the case of Slough the provision proposed by the Corporation only appeared to be sufficient for their own needs together with a small margin for a restricted outer area. Enquiries were also made of the several other Local Authorities whose areas adjoin this district.

After further consideration by the special Sub-Committee appointed for the matter, the Council agreed in principle to the licensing of six slaughterhouses subject to these existing premises being brought up to a reasonable standard, it being appreciated that at the time there was only a very nebulous guide in this respect.

Licences were accordingly issued for four premises during the year and of these two were put into fairly continuous use, one was only used occasionally, whilst the remaining one was not used at all.

A considerable amount of overtime was worked by the Sanitary Inspectors for the purpose of meat inspection and including in the earlier months work on Sundays. Co-operation with occupiers of slaughterhouses has been good but it is to be hoped that the trade generally throughout the country will appreciate the necessity for amending their arrangements in conjunction, where necessary, with the various Market Authorities.

All four Sanitary Inspectors took a refresher course on meat inspection at Reading extending over 10 weeks (May and June).

	<i>Cattle except Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Animals slaughtered ... ...	110	56	146	152	809
<i>Diseases Except Tuberculosis</i>					
1. Whole carcases condemned	Nil	Nil	Nil	Nil	1
2. Carcases of which some part or organ was condemned	15	8	1	Nil	7
Percentage of the number inspected with Disease other than Tuberculosis	13·63	14·28	0·68	Nil	0·98
<i>Tuberculosis</i>					
1. Whole carcases condemned	1	Nil	Nil	Nil	Nil
2. Carcases of which some part or organ was condemned	8	9	Nil	Nil	17
Percentage of the number inspected affected with Tuberculosis	8·18	16·07	Nil	Nil	2·10

Advantage was taken of the facilities available at the Veterinary Investigation Department of the Ministry of Agriculture and Fisheries, Reading, for laboratory and expert opinion on specimens of obscure and doubtful disease.

A case of illicit slaughtering on unlicensed premises occurred in October and proceedings are pending.

Details of visits, number of animals inspected (100% of kill) and tabulated results are on preceding page:—

Total number of visits to slaughterhouse: 320.

Total number of animals examined: 1,273.

During the early part of the year and following an enquiry made by the purchaser of some meat as to the fitness after trimming off by them of rodent droppings, the meat in question was taken before a Justice of the Peace who ordered destruction. Subsequent enquiries of the butcher (outside the district) were not conclusive and taking into account the attitude of the purchaser it became obvious that further action could not be taken.

### (b) Unsound Food

Attention having been called to the use of Thiourea on citrus fruits enquiries of the Food and Drugs Authorities, Bucks County Council, and a neighbouring Authority, showed that negative samples had been obtained by the first mentioned but positive evidence had shown in samples taken by the other Authority.

One instance of a foreign body in food was reported, *i.e.* a splinter of wood in a bun produced from a bakery in the district and sold for consumption outside the Council's area. Enquiries of the bakehouse did not show any neglect of precautions by the baker and proceedings were not taken by this Authority or the other Authority concerned.

The following shows the various articles of food considered unsound or unfit for human consumption and mostly surrendered by shopkeepers, etc.:—

#### *Meat and Meat Products*

- 1 tin stewed steak (16 ozs.)
- 1 Pig's Carcase, 100 lbs.
- 14½ lbs. Pork Sausages
- 40 lbs. Ox Liver
- 5 tins of Assorted Meat
- 2 lbs. Imported Beef
- 20 lbs. Beef Trimmings
- 38 lbs. Top Piece of Beef
- 4 tins Corned Beef (7½ lbs.)
- 28 lbs. Bovine Heads and Tongues
- 10 lbs. Pig's Liver
- 19 tins Lamb's Tongues (New Zealand)

*Poultry*

24 English Turkeys

*Milk*

2 tins Milk

31 tins Condensed Milk

*Fish*

7 lbs. Wet Fish (Skate)

*Fruit*

6 tins Assorted Fruit

*Cheese*

25 lbs. Cheese

9 boxes Camembert Cheese (French)

*Miscellaneous*

28 lbs. Mixed Peel

1 tin Carrots

16 tins Assorted Soups

14 tins Beans

6 tins Jam

14 lbs. Butter (Rancid)

**Registrations**

The number of food premises registered at the end of the year under the provision of the Food and Drugs Act, 1938, Section 14, was ... ... ... ... ... ... ... ... 120

The number of hawkers of food and their premises registered under the Eton Rural District Council Act, 1950, Section 28, was ... ... ... ... ... ... ... ... 19

**SLAUGHTERHOUSES AND KNACKER'S YARD, ETC.**

**Slaughter of Animals Act, 1933**

Renewals ...	...	...	...	13
New Licences ...	...	...	...	6

**Game Licences**

Renewals ...	...	...	...	18
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**SECTION XI**

**RODENT INFESTATIONS AND DESTRUCTION, ETC.**

Generally the Prevention of Damage by Pests Act, 1949, was applied as indicated for the last year or so. The fullest co-operation continued with the Chief Pests Officer of the Agricultural Executive Committee and a number of instances occurred where treatment was necessary on charge were referred to and carried out by his Department.

No sewer test was carried out during the year.

On comparing the following list of visits, treatment, etc., with the previous year's figures it is a point of interest that whilst treatments have increased considerably the number of dead rats

found has decreased sharply. Whether this has any relation to the increasing use of Warfarin is not obvious. On the other hand the number of mice found dead has more than doubled.

	<i>Primary</i>
Visits ... ... ... ...	625
Treatment (baiting, gassing and trapping)	2,710*
Dead rats found ... ... ...	458
Dead mice found ... ... ...	136

\*Including treatment of 28 business premises for which charges were made.

## Leptospira

Check trappings have continued in various parts of the District throughout the year. Of five specimens sent for examination at the Veterinary Laboratory of the Ministry of Agriculture and Fisheries, Weybridge, two were found to be positive.

## DISINFECTIONS AND DISINFESTATIONS

### (a) Disinfection of Premises

In respect of:—

Scarlet Fever ... 2	Tuberculosis ... 16
Poliomyelitis ... 3	
Removal of bedding for steam disinfection	19
(16 in respect of Tuberculosis, 3 in respect of Poliomyelitis)	

### (b) Disinfestation of Premises

Bugs ... ... ... ... ...	1
Other insects ... ... ... ...	66

Arrangements for steam disinfection of bedding, etc., continued on the same lines as previous year but the provision of a new van specially fitted up for transport of infected bedding and available as required from the Housing Department has superseded the temporary arrangement with the Borough of Slough. The co-operation given by the Chief Sanitary Inspector, Borough of Slough, in the latter respect was greatly appreciated.

More disinfections have been done compared with last year mainly in respect of cases of Tuberculosis.

Two certificates were given in respect of various articles of clothing which were being sent to Russia and Czechoslovakia respectively.

The incidence of bug infestation was very low and a remarkable difference from 25 years ago when I first came to the Eton Rural District.

The usual assistance was given so far as practicable in the case of other types of insect troubles.

## SECTION XIII

### 1. INSPECTIONS for Purposes of Provisions as to Health (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Inspections (3)	Number of Written Notices (4)	Number of Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ...	16	14	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	136	52	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ... ... ...	—	—	—	—
Total ...	152	66	2	—

## 2. CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases".)

Particulars (1)	Number of cases in which defects were found			Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	
Want of cleanliness (S.1) ...	4	4	-	-
Overcrowding (S.2) ...	-	-	-	-
Unreasonable temperature (S.3) ...	-	-	-	-
Inadequate ventilation (S.4) ...	-	-	-	-
Ineffective drainage of floors (S.6) ...	-	-	-	-
Sanitary conveniences (S.7)—				
(a) Insufficient ...	1	1	-	1
(b) Unsuitable or defective ...	4	4	-	-
(c) Not separate for sexes ...	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	1	-	2	1
Total ...	10	9	2	2
Outworkers inspections ...	...	...	...	16
Workplaces inspections ...	...	...	...	23

## SECTION XIII MOVABLE DWELLINGS

A considerable amount of time has again been taken up in the varying aspects relating to movable dwellings from the large multiple site to the individual caravan. Improvements have been made at two large sites to conform to the standards and conditions laid down by the Council. Attendance has been made at Magistrates' Courts and at Public Inquiries in regard to others.

Proceedings were taken under the Public Health Act, 1936 (Sections 93 and 268) against a gypsy cravan occupier necessitating three Court Hearings when a conviction plus subsequent follow-up in respect of daily penalties had the effect of removing a persistent nuisance.

## SECTION XIV HOUSING

Progress in respect of provision of new houses (and conversions) and action taken relative to unfit dwelling-houses is given below:—

### New Houses (and Units)

Houses were completed during the year:—

1. By the Council	...	...	...	...	182 (130)
2. By private enterprise	...	...	...	...	148 (158)
Additional units provided by conversion	...	...	...	...	7 (7) (1953 figures in brackets.)

### Unfit Houses

#### (a) Individual Unfit Houses

Demolition Orders made in respect of	...	...	...	...	4
Undertakings accepted	...	...	...	...	3
Closing Orders made in respect of whole house	...	...	...	...	4
(H. Act, 1949, Sec. 3-3; L.G. (M.P.) Act, 1953, Sec. 10-1)					
Closing Order made in respect of part of building	...				1
Premises demolished in pursuance of Demolition Orders:—					
(1) By Council in default of owner	...	...	...	...	Nil
(2) By owner	...	...	...	...	2
Premises demolished where undertakings previously given	...	...	...	...	2
Premises demolished where Closing Orders previously made	...	...	...	...	1
Premises demolished (informal action)	...	...	...	...	1
Undertakings cancelled (property made fit or converted)	...	...	...	...	1
Closing Orders determined (property made fit or converted)	...	...	...	...	Nil

One of the Closing Orders made and referred to above was in respect of a large house occupied by some eight families and five single persons (total of 32 persons). The occupier appealed against the Closing Order but did not appear at the hearing where the Judge accepted the Council's submission that she had no status and the Appeal was dismissed with costs.

(b) <i>Houses demolished in Clearance Areas</i> , confirmed prior to outbreak of War, September, 1939 ... ... ...	8
(c) <i>Housing Repairs and Rents Act, 1954</i>	

Certificate of Disrepair. Four applications for certificates of disrepair were received towards the end of the year—two were on the grounds that the premises were not in good repair; one that premises were not reasonably suitable for occupation and the other was made on both the grounds. In only one instance had a notice of election in respect of internal decorative repair been served on the tenant.

Two certificates were issued whilst the remaining two were under consideration at the end of the year.

No application by landlords for revocation of certificates of disrepair were received, although the first certificate was issued in October.

I have not heard that any reference has been made to the County Courts challenging in any way the validity of the two certificates issued and although in one instances the landlord asked for a certificate to be withdrawn on the grounds that the particular tenant was under an agreement to do internal decorative repairs (no election having been shown on application by tenant) he was advised that it was not competent for the Council so to do. It appears that the landlord is now undertaking works including internal decorative repair.

Although the number of applications is so far very small (rather as anticipated) each case has required careful consideration and I suppose until cases generally are tested in the Courts some interpretations must give rise to doubts and speculation.

### **Improvement Grants, Housing Act, 1949**

Applications for Improvement Grants received	... 21
Of these the position is as follows:—	
Approved	... ... ... ... ... 9
Approved by Council but subsequently withdrawn by applicant	... ... ... ... 2
Rejected	... ... ... ... 2
Withdrawn before consideration by Council	1
Under investigation at end of year	... 7
	<hr/> 21
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## SECTION XV OTHER MATTERS

### **Petroleum (Consolidation) Act, 1928**

#### *Licence Applications*

Renewals	...	...	...	...	...	119
New	...	...	...	...	...	3

#### *Total Licence Capacity*

Petroleum Spirit	...	...	182,495	gallons
Petroleum Mixtures	...	...	1,380	gallons

### **Rag Flock and Other Filling Materials Act, 1951**

#### **Pet Animals Act, 1951**

No applications were received under either of the above-mentioned Acts.

### **Public Health Acts (Amendment Act) 1907, Section 86**

No new registrations were made during the year.

In last year's Report I referred to certain practical difficulties then found in the application of this Section relating to Dealers in Old Metals and further instances were discovered and referred to the Clerk of the Council.

The possibility of amending or new legislation may result from the deliberations and subsequent recommendations of the Working Party appointed during the year by the Government.

### **Miscellaneous Matters**

Certain matters such as Local Land Charge Search enquiries, and plans and applications submitted under Building Byelaws and Town and Country Planning, are referred by other Departments for information and observations, etc., as may be appropriate by Public Health Department. The figures for 1954 were:—

Local Land Charge Search enquiries	...	1,456
Plans and applications	...	1,303

## SECTION XVI NOTICES

#### **Formal**

Housing Act, 1936 (Section 9)	...	...	...	...	Nil
Public Health Acts	...	...	...	...	44

#### **Informal**

315

#### **Visits and Inspections**

Housing (including Public Health)	...	...	...	...	1,551
Water Supplies	...	...	...	...	387
Drainage	...	...	...	...	799
Watercourses (flooding, etc.)	...	...	...	...	49
Miscellaneous Sanitary Visits and Nuisances (animals, dust, noise, burials)	...	...	...	...	363

Factories:

(1) Motive power ...	...	...	...	...	...	56
(2) Non-motive power ...	...	...	...	...	...	14
Workplaces ...	...	...	...	...	...	23
Outworkers ...	...	...	...	...	...	16
Food Premises, Shops, Restaurants, etc.						566
Swimming Pools ...	...	...	...	...	...	16
Schools ...	...	...	...	...	...	46
Infectious Disease ...	...	...	...	...	...	167
Movable Dwellings (including sites)						881
Hutted Camps ...	...	...	...	...	...	3
Gypsies ...	...	...	...	...	...	29
Refuse (including Tips) ...	...	...	...	...	...	47
Petroleum ...	...	...	...	...	...	118
Infestations...	...	...	...	...	...	63
Shops Act ...	...	...	...	...	...	58
Smoke Abatement...	...	...	...	...	...	21
Stables and Piggeries ...	...	...	...	...	...	50
Slaughterhouses and Knackers' Yards						338

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